

INFORMATION PAPER

DASG-HCA
2 September 2005 - b

SUBJECT: Immunization Recommendations for Recovery from Hurricane Katrina

1. PURPOSE. To provide immunization recommendations for Department of Defense (DoD) personnel supporting Hurricane Katrina recovery operations.

2. GOAL. DoD personnel supporting hurricane-recovery operations will ensure their routine adult immunizations are up-to-date. The risk of a vaccine-preventable infection is not great enough to delay urgent assignment pending immunization.

3. IMMUNIZATION RECOMMENDATIONS.

a. Tetanus-diphtheria (**revised**). Tetanus-diphtheria (Td) toxoids or tetanus-diphtheria-acellular pertussis (Tdap, specifically the Adacel® brand from Sanofi Pasteur, if available) is recommended for recovery workers who have not received a booster dose within the past 10 years. Consistent with the Centers for Disease Control & Prevention (CDC) wound-management guidelines, anyone who develops a puncture wound or has a wound contaminated with dirt, feces, soil, or saliva needs a Td booster if the most recent dose was more than 5 years earlier. [Previously, this paragraph had specified a uniform 5-year Td booster interval; now this paragraph more closely matches CDC wound-management guidelines.]

b. Hepatitis A. Hepatitis A immunization is recommended for all military personnel who have not previously completed the two-dose adult series (usually spaced six months apart). If another dose is needed per the 0-6 month schedule, give it now.

c. Hepatitis B. For personnel who have started the hepatitis B immunization series, assess during screening whether they have completed the three-dose series. If another dose is needed per the 0-1-6 month schedule, give it now. Hepatitis B immunization is needed by medical workers and mortuary affairs personnel.

d. Rabies. Veterinarians and personnel involved in animal-control efforts should assess the localized risk of rabies exposure and consider need for prophylaxis.

e. Enteric Infections.

(1) Cholera. No FDA-licensed cholera vaccine is available in the United States. The risk of cholera infection in the Gulf Coast area is very low.

(2) Typhoid. Typhoid immunization is not required in the US after natural disasters for several reasons. *Salmonella typhi* bacteria are not found in the environment, nor are there any animal hosts for it, and the incidence rates of chronic asymptomatic carriers and acute cases of typhoid fever are very low throughout the US.

f. Influenza. When influenza vaccine is locally available, immunize healthcare personnel who provide direct patient care and those with risks based on medical conditions or age \geq 65 years. Per CDC recommendations, defer influenza immunization of other healthy people until after 24 Oct 05.

g. Immunization Documentation. Units should review Service Member immunization status via appropriate electronic immunization tracking systems and document all immunizations electronically.

4. IMMUNIZATION SUPPORT FOR DISPLACED PEOPLE.

a. No immunizations are currently recommended solely based on being displaced.

b. If called on to provide routine immunization services to displaced people, follow these authoritative guidelines. For children & adolescents: www.cdc.gov/nip/recs/child-schedule.htm. For adults: www.cdc.gov/nip/recs/adult-schedule.htm

5. GENERAL PREVENTIVE MEDICINE CONSIDERATIONS.

a. Food and Water. Observe proper food and water discipline to avoid infections that cannot be prevented by immunization. Use food, water, and ice only from approved sources. Practice good sanitation and use alcohol-based hand-hygiene products. For details, see <http://chppm-www.apgea.army.mil/news/HurricaneKatrina.aspx>.

b. Injuries. Take care to avoid injuries.

6. UPDATES. Updates will be posted at www.vaccines.mil as medical threats evolve.

7. SELECTED REFERENCES.

a. Advisory Committee on Immunization Practices. Diphtheria, tetanus, and pertussis: Recommendations for vaccine use and other preventive measures. *MMWR* 1991;40(RR-10):1-28.

aepo-xdv-www.epo.cdc.gov/wonder/prevguid/m0041645/m0041645.asp

b. Advisory Committee on Immunization Practices. Typhoid immunization. *MMWR* 1994;43(RR-14):1-7. [ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4314.pdf](http://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4314.pdf)

c. Centers for Disease Control & Prevention. Influenza vaccine supply and recommendations for prioritization during the 2005-06 influenza season. *MMWR* 2005;54:850. www.cdc.gov/mmwr/PDF/wk/mm5434.pdf

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